



Income Worksheet

Date: _____

Household Information - List all people who are members of your family/household who are dependent on the family income, including an unborn child.

Last	Name First	MI	Relationship to client	Date of Birth	Social Security Number (optional)	Sex

Employment Income - List all income received by your family/household that supports the family members listed above. Proof of this income is required. Your federal income tax return form(s) is preferred. Recent paycheck stubs, indicating one month's income, may be used if income has changed since the most recent income tax form(s).

Name of Household Member if wage earner	Employer/Name of Business	Proof of Income Circle one	Income Amount:	Circle how often income is received	Yearly income
		Tax form Check stubs	Gross \$	Wk Bi-Wk Mo 2X/Mo Yr	\$
		Tax form Check stubs	Gross \$	Wk Bi-Wk Mo 2X/Mo Yr	\$
		Tax form Check stubs	Gross \$	Wk Bi-Wk Mo 2X/Mo Yr	\$
		Tax form Check stubs	Gross \$	Wk Bi-Wk Mo 2X/Mo Yr	\$
Name of Household Member if Self employed	Employer/Name of Business	Proof of Income Circle one	Income Amount:	Circle how often income is received	Yearly income
		Tax form Other	Net \$	Wk Bi-Wk Mo 2X/Mo Yr	\$
		Tax form Other	Net \$	Wk Bi-Wk Mo 2X/Mo Yr	\$

Other Income - Enter all information that applies to your family/household. Proof of this income is required.

Type of Income	Yearly Amount Received	Type of Income	Yearly Amount Received
BIA General	\$	Pension	\$
Capital Gains	\$	Social Security	\$
Child Support/Alimony	\$	Supplemental Security	\$
Interest	\$	TANF	\$
Military	\$	Other	\$